

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4379

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Herbert E.
NICKNAME LAST SUFFIX
Herb Evans

OFFICE USE ONLY

Date Received

FILED
JUL 15 4 55 PM '99
CLERK OF COURT
JAMES COOK COUNTY TEXAS

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1302 West Avenue Austin, Texas 78701

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Joseph A.
NICKNAME LAST SUFFIX
Joe Turner

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1504 West Avenue Austin, Texas 78701

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 474-4892

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
01 / 01 / 99 THROUGH 06 / 30 / 99

10 ELECTION

ELECTION DATE
Month Day Year
03 / 10 / 98

ELECTION TYPE

☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Justice of the Peace, Precinct 5
Austin, Travis County, Texas

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Herbert E. Evans

15 ACCOUNT # (Ethics Commission filers)**16 SUPPORTING
POLITICAL
COMMITTEE(S)**

** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 NO REPORTABLE
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3350.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 591.00

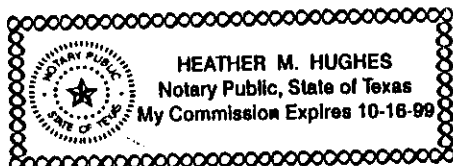
**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Herbert E. Evans
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Herbert E. Evans, this the 15th day of July19 99, to certify which, witness my hand and seal of office.

Heather M. Hughes
Signature of officer administering oath

Heather M. Hughes
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1	
2 FILER NAME Herbert E. Evans		3 ACCOUNT # (Ethics Commission files)	
4 Date 1/11/99	5 Full name of contributor <input type="checkbox"/> out of state PAC Stuart Kincaid 6 Contributor address; City; State; Zip Code 800 Brazos St., Austin, Texas 78701 Commodore Plaza Building, 10th Floor	7 Amount of contribution (\$) \$670.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) Attorney		10 Employer (Optional)	
Date 1/12/99	Full name of contributor <input type="checkbox"/> out of state PAC Joseph A. Turner Contributor address; City; State; Zip Code 1504 West Avenue, Austin, Texas 78701	Amount of contribution (\$) \$670.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Attorney		Employer (Optional)	
Date 1/14/99	Full name of contributor <input type="checkbox"/> out of state PAC Betty Blackwell Contributor address; City; State; Zip Code 1304 Nueces St., Austin, Texas 78701	Amount of contribution (\$) \$670.00	In-kind contribution description (if applicable) cancellation of previously reported loan
Principal occupation (Optional) Attorney		Employer (Optional)	
Date 1/15/99	Full name of contributor <input type="checkbox"/> out of state PAC Christopher Gunter Contributor address; City; State; Zip Code 600 West 9th St., Austin, Texas 78701	Amount of contribution (\$) \$670.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Attorney		Employer (Optional)	
Date 1/26/99	Full name of contributor <input type="checkbox"/> out of state PAC Joe James Sawyer Contributor address; City; State; Zip Code 1027 E. Riverside, Austin, Texas 78704	Amount of contribution (\$) \$670.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Attorney		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule B1:	
2 FILER NAME				3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$					
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC 7 Pledgor address; City; State; Zip Code			8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation (optional)			11 Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code			Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)			Employer (optional)		

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LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission files)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out of state PAC**9** Loan Amount (\$)**6** Is lender a
financial institution?

Y N

8 Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out of state PAC

Loan Amount (\$)

Is lender a
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Herbert E. Evans

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/24/99

5 Payee name

Message, Audience and Presentation

7 Amount
(\$)

\$591.00

6 Payee address; City; State; Zip Code

4408 Burnet Road Austin, Texas 78756

8 Purpose of expenditure

campaign consulting

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

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